IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of: :   Group Art Unit

Charles Benjamin Dieterich   :

Appl. No.: Not Yet Assigned   :

Filed: Herewith   :

For: BITSTREAM TESTING METHOD AND   :
     APPARATUS EMPLOYING EMBEDDED   :
     REFERENCE DATA   :

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this Correspondence is being deposited on _____with the United States Postal Service as first-class mail in an envelope properly addressed to COMMISSIONER OF PATENTS AND TRADEMARKS, Washington, DC 20231

_____   _____

Date Of Certificate

Commissioner of Patents and Trademarks
Washington, DC   20231

INFORMATION DISCLOSURE STATEMENT
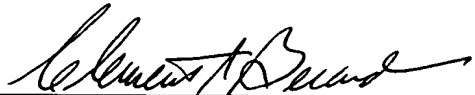## UNDER 37 C.F.R. §1.97(b)

In compliance with the Duty of Disclosure set forth in 37 C.F.R. §1.56, Applicant is submitting herewith a Form PTO-1449 attached to this statement, and a copy of the patents and other documents listed on sheet 1 thereof.

The Examiner's attention is directed to pending U.S. Patent Application Serial No. 08/902,965 entitled "METHOD AND APPARATUS FOR AUTOMATED TESTING OF A VIDEO DECODER" filed July 30, 1997 which is also assigned to Sarnoff Corporation.

IDS - SARNOFF 13423

Applicant respectfully requests full and proper consideration of the listed information during examination of the Application, and that the listed information be printed on any patent which issues therefrom.

Respectfully submitted,

Telephone: (215) 563-4100   By: _____
Facsimile: (215) 563-4044   CLEMENT A. BERARD
                                        PTO Registration No. 29,613
Enclosure - Form PTO-1449;
      Copy of Patents and other documents listed

Date: _16 May 2000_

FEE TRANSMITTAL

	Complete if known
	Application Number **Not Yet Assigned**
	Filing Date **Herewith**
	First Named Inventor **Charles Benjamin Dieterich**
	Group Art Unit **Not Yet Assigned**
	Examiner Name **Not Yet Assigned**
TOT. AMT. OF PAYMENT: (1)+(2)+(3) = $ 1,008.00	Attorney Docket Number **SAR 13423**

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to:

☒ Charge indicated fees

☒ Charge additional fees

☒ Credit overpayments

to the account of SARNOFF CORPORATION

Deposit Account Number __04-0203__

2. Payment enclosed:

Checks in the amount of $ 1,008.00

Check Nos._____

FEE CALCULATION

1. FILING FEE

Fee Description	Fee Paid
Utility filing fee	$690.00
Design filing fee	_____
Plant filing fee	_____
Reissue filing fee	_____
Provisional filing fee	_____
SUBTOTAL (1)	$ 690.00

2. CLAIMS

	Extra	Fee	Fee Paid
Total Claims Presented 29 - 20 = 9		x 18.00 =	$ 162.00
(a)			
Independent Claims Presented 5 - 3 = 2		x 78.00 =	$ 156.00
(b)			
Multiple Dependent Claim (first presentation) ____ =			

(a) Enter 20 or number previously paid for
(b) Enter 3 or number previously paid for

SUBTOTAL (2) $ 318.00

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Fee Description	Fee Paid
Surcharge-late filing fee or oath	_____
Surcharge - late provisional filing fee or cover sheet	_____
Non-English specification	_____
For filing a request for reexamination	_____
Requesting publication of SIR prior to Examiner action	_____
Requesting publication of SIR after Examiner action	_____
Extension for response within first month	_____
Extension for response within second month	_____
Extension for response within third month	_____
Extension for response within fourth month	_____
Notice of Appeal	_____
Filing a brief in support of an appeal	_____
Request for oral hearing	_____
Petition to institute a public use proceeding Petition to revive unavoidably abandoned application	_____
Petition to revive unintentionally abandoned application	_____
Issue fee	_____
Petitions to the Commissioner	_____
Petitions related to provisional applications	_____
Submission of Information Disclosure Stmt.	_____
Recording each patent assignment per property (times number of properties)	_____
Filing a submission after final rejection (37 CFR 1.129(a))	_____
For each additional invention to be examined (37 CFR 1.129(b))	_____
Other fee (specify)_____	_____
Other fee (specify)_____	_____

SUBTOTAL (3) $ 0

Submitted By:

Typed or Printed Name __John V. Silverio__

Reg. Number __34,014__

Signature _John V._ (signature)

Date __6 June 00__

Deposit Account User ID __04-0203__

The PTO did not receive the following listed item(s) $ 1008.00 check